

**CHANGE OF ADDRESS AND REQUEST FOR
REPLACEMENT DOCUMENT**

1800 37M-469 (REV. 12/05)

**CHECK ALL LICENSES/REGISTRATIONS
THAT THIS CHANGE OF ADDRESS APPLIES TO:***For Office Use Only:*

Cashiering No. _____

Date Ordered: _____

- A. REGISTRATION AS AN ASSOCIATE CLINICAL SOCIAL WORKER
 B. REGISTRATION AS A MARRIAGE AND FAMILY THERAPIST INTERN
 C. LICENSE AS A LICENSED CLINICAL SOCIAL WORKER
 D. LICENSE AS A MARRIAGE AND FAMILY THERAPIST
 E. LICENSE AS AN EDUCATIONAL PSYCHOLOGIST
 F. APPROVAL AS A CONTINUING EDUCATION PROVIDER

- (ASW) ☐ Expiration Date _____
 (IMF) ☐ Expiration Date _____
 (LCS) ☐ Expiration Date _____
 (MFT) ☐ Expiration Date _____
 (LEP) ☐ Expiration Date _____
 (PCE) ☐ Expiration Date _____

*LEGAL NAME (as it appears on license or registration)		SOCIAL SECURITY NUMBER (not required for CE Providers)	
FILE NUMBER		LICENSE/REGISTRATION NUMBER	
**NEW ADDRESS	NUMBER AND STREET	CITY	STATE ZIP CODE
BUSINESS TELEPHONE ()		RESIDENCE TELEPHONE ()	

Applicant must use legal name for license and registration. The only acceptable documentation for a legal name change is a marriage certificate, divorce decree, or court order. A driver's license and social security card will **NOT be accepted as proof of a legal name change.*

***The address you enter on this form will be your address of record and is public information. It will be placed on the Internet pursuant to Business and Professions Code section 27.*

APPLICATION FOR REPLACEMENT DOCUMENT

You may apply for a replacement document, which will reflect your new address by completing the section below and returning it with the required document and fee.

Document to be replaced must be returned with this application or you must state the circumstances regarding the loss of the document here: _____

(FEE: \$20.00 per document)

Request the replacement of engraved license certificate (8 ½ x 11)

Request the replacement of original or renewal license/registration (8 ½ x 3 5/8)

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

SIGNATURE OF REGISTRANT/LICENSEE

DATE

FOR OFFICE USE ONLY: Date changed: _____ By: _____ ATS: CAS: